

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

My residence, post office address, and citizenship are as stated below next to my name.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

And I hereby give irrevocable control of this application for Letters Patent to the Secretary of the Air Force, and appoint **Gina S. Tollefson, Registration No. 39,049** Gerald B. Hollins, Registration No. 25,452, and Thomas L. Kundert, Registration No. 27,247, at telephone no. 937/255-2838, or any of them, whose post office address is AFMC LO/JAZ, Bldg 11, Room 100, 2240 B Street, Wright-Patterson AFB, OH 45433-7109, attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Post Office Address Same as above